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CONFIRMATION NO. 4035

<b>SERIAL NUMBER</b> 10/694,723	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> PA1425	
<b>APPLICANTS</b> Jeffrey Allen, Santa Rosa, CA; Mark Dolan, Santa Rosa, CA; Richard Thomas, Cloverdale, CA;					
<b>** CONTINUING DATA *****</b> <i>none Ekt 5/7/07</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none Ekt 5/7/07</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/26/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>9AA</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28390					
<b>TITLE</b> Intraluminal stent device for use in body lumens of various diameters					
<b>FILING FEE RECEIVED</b> 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		